



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF EXAMINERS OF PSYCHOLOGISTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR PSYCHOLOGICAL ASSISTANT REGISTRATION INSTRUCTION SHEET

Please read all instructions carefully before completing and submitting your application. Failing to follow instructions may delay your registration.

Who Files Application and When

The supervising Psychologist completes and submits the *Application for Psychologist Assistant Registration* on behalf of the Psychological Assistant applicant whom he/she is supervising. The supervising Psychologist must have practiced as a licensed psychologist for two years in Delaware or another jurisdiction. The Psychological Assistant

- must be in the process of obtaining post-doctoral hours under the supervising Psychologist's supervision, and
- will be applying for a Psychologist license after completing the post-doctoral hours.

When a Psychological Assistant provides services under the direction of more than one Psychologist, *ALL* of the psychologists who are directly supervising the clinical work must apply to register the Psychological Assistant.

Supervising Psychologist Responsibilities

The supervising Psychologist must assume full professional, legal, and ethical responsibility for the services provided by the registered Psychological Assistant. As part of this application, the supervising Psychologist is required to provide:

- detailed and current, written job description delineating the range and type of duties, educational practicum and clinical experience to be assigned to the Psychological Assistant
- limits of the Psychological Assistant's independent action, emergency procedures for contacting the supervising Psychologist, and the amount and type of supervision the supervising Psychologist will provide
- clear contingency plan for consultation when the licensed Psychologist is not in the office.

Requirements for All Applicants

- ☐ Submit a completed, signed and notarized [Application for Psychological Assistant Registration](#).
 - Both the supervising Psychologist and Psychological Assistant applicant must sign the application in the appropriate places.
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to the "State of Delaware."
- ☐ Arrange for the Board office to receive an official transcript, sent directly from the college/university to the Board office, showing that the Psychological Assistant applicant has a doctoral degree from a psychological studies program specifically designed to train and prepare psychologists.
 - A doctoral degree from a program accredited by the American Psychological Association (APA) meets this requirement.
- ☐ If the program is not APA-accredited, arrange for the Board office to receive course descriptions (such as the course catalog) and for the Psychologist Assistant applicant to complete the *Evaluation of Coursework* form to assist the Board in evaluating your program.
 - This documentation is required *in addition to* the official transcript. It must show that your program meets the criteria in Sections 6.1.1.2.1 - 6.1.1.2.10.4 of the Board's [Rules and Regulations](#).

- ☐ Arrange for the Board office to receive a letter *on school or business letterhead* stating that the Psychological Assistant applicant has completed, as part of the applicant's program of studies, an internship, externship or clinical practicum of 450 hours that was supervised by a licensed psychologist or by a faculty member in a nationally accredited doctoral level clinical training program in Delaware.
 - The letter must be sent *directly* from the school or business to the Board office.
 - Section 7.1 of the Board's [Rules and Regulations](#) explains this requirement.
- ☐ Enclose a job description that is specific to the Psychological Assistant applicant. The job description will remain on file with the Board and must include *all* of the following:
 - Define the specific role that the applicant will play in the supervising Psychologist's practice.
 - Describe the range and type of duties assigned to the applicant, as well as the limits of independent action and decision-making.
 - Describe the strategy for and format of supervision, including the ratio of clinical hours to supervisory hours.
 - Set forth a detailed emergency and contingency plan that describes the assistant's plan of action in time of clinical crisis and includes prearranged emergency consultations and mechanism for obtaining these consultations.
 - Include a backup plan for the anticipated or unanticipated unavailability of the licensed Psychologist, who remains clinically and legally accountable for the actions of the assistants, and should arrange for competent and continuous clinical coverage.
- ☐ If the Psychological Assistant applicant has never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.



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APPLICATION FOR A PSYCHOLOGICAL ASSISTANT REGISTRATION

Both the psychological assistant applicant and supervising psychologist complete this application.

INFORMATION ABOUT THE PSYCHOLOGICAL ASSISTANT APPLICANT – *The Psychological Assistant applicant completes this section.*

1. Name : _____
Last/Family Name First Middle
2. Other Name(s) Used: _____
3. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐
4. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐
 - If Yes, enter your SSN: _____
 - If No, you must file a [Request for Exemption from Social Security Number Requirement](#).
5. Mailing Address: _____

City State Zip
6. Phone: _____ Email: _____
Daytime Home

EDUCATION & POST-DOCTORAL PROFESSIONAL EXPERIENCE – *The Psychological Assistant applicant completes this section.*

7. Enter following information about your doctoral degree:
University/College: _____ Major: _____
City: _____ State: _____ Degree: _____
Dates Attended: From: _____ To: _____ Graduation Date: _____
month/day/year month/day/year month/day/year

Arrange for the Board office to receive an official transcript, sent directly from the college/university to the Board office. The transcript must show the doctoral degree.

8. Was the doctoral program APA-accredited? Yes ☐ No ☐ If no, submit a course catalog or other course descriptions and complete the ***Evaluation of Coursework*** form.

Arrange for the Board office to receive a letter *on school or business letterhead* stating that you have completed, as part of your program of studies, an internship, externship or clinical practicum of 450 hours that was supervised by a licensed psychologist or by a faculty member in a nationally accredited doctoral level clinical training program in Delaware. The school or business must send the letter *directly* to the Board office.

9. Do you have any *post-doctoral* experience? Yes ☐ No ☐ If yes, enter the following information about the location where you gained post-doctoral experience. If you need room for another location(s), enclose a separate sheet.

Address: _____		
_____	_____	_____
City	State	Zip
Dates of Experience: From: _____ To: _____ Total Hours: _____		
Month/Year	Month/Year	
Name of Supervisor(s): _____ Title: _____		
Licensed Psychologist? Yes <input type="checkbox"/> No <input type="checkbox"/> License Number: _____ Issue Date: _____		
Briefly describe your duties in this position. (Continue on separate sheet if necessary)		

DISCLOSURES – *The Psychological Assistant applicant completes this section.*

10. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of your criminal history record.**
11. Have you ever had your professional license or certificate subject to disciplinary action (including but not limited to consent agreements, fines, probation, suspension or revocation)? Yes ☐ No ☐ **If yes, submit an official Board order or other documents.**
12. Has any jurisdiction rejected your application or revoked your professional license or certificate? Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation. Include copies of all official documents or Board orders.**
13. Are any disciplinary or ethical complaints currently pending against you? Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation. Include copies of all official documents or Board orders.**

DUTY TO REPORT – *The Psychological Assistant applicant completes this section.*

14. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner *other than yourself* is (or may be) guilty of unprofessional conduct as defined in 24 Del. C. §1731 OR that he/she is (or may be):
- medically incompetent
 - mentally or physically unable to engage safely in the practice of medicine
 - excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730, 24 Del. C. §1731 and 24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes ☐ No ☐

15. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes ☐ No ☐

16. You have a **mandatory** duty to report to the Board of Examiners of Psychologists if you believe that a colleague has violated the APA's *Ethical Principles of Psychologists and Code of Conduct* ([24 Del. C. §3514\(a\)\(5\)](#)).

I certify that I have read and understand Sections 1.04 and 1.05 of the [APA Ethical Code](#), which explain when I am required report a colleague, and that I understand my *duty to report*. Yes ☐ No ☐

AFFIRMATION

I hereby acknowledge that I have read the Delaware psychology Statute and Rules and Regulations pertaining to the psychological assistants and agree to the job description as stated. I further swear or affirm that the information in Questions 1 – 16 is correct, and I understand that any intentionally fraudulent information will be reported to the Attorney General.

ASSISTANT SIGNATURE: _____ Date: _____



INFORMATION ABOUT THE SUPERVISING PSYCHOLOGIST – *The supervising Psychologist completes this section.*

17. Supervisor's Name : _____
Last/Family Name First Middle

18. Delaware License Number: **B1** - _____ Issue Date: _____

19. Title: _____ Degree: _____

20. Practice Address: _____

City State Zip

21. Phone: _____ Email: _____
Daytime Home

INFORMATION ABOUT SUPERVISION – *The supervising Psychologist completes this section.*

22. Enter the following information about *each* psychological assistant, other than this applicant, who currently works for you.

ASSISTANT NAME	CLINICAL HOURS PER WEEK UNDER YOUR SUPERVISION	HOURS OF FACE-TO-FACE SUPERVISION PER WEEK

23. Enter the following information about your supervisory arrangements:

Enter the location where you will be working: _____

Enter the location where the assistant will be working: _____

Enter the location where the weekly supervision will occur: _____

How will you provide the supervision? _____

24. Will you be providing professional services at least 50% of the time in the same work setting where the applicant is gaining supervised professional experience? Yes ☐ No ☐

25. Do you understand that you are legally required to provide one hour of face-to-face supervision for every ten hours of clinical work provided by this psychological assistant applicant? Yes ☐ No ☐

26. Do you understand that you are required to inform all clients that they are being treated by a psychological assistant? Yes ☐ No ☐
27. The psychological assistant is permitted to provide supervised psychological services under the authority of your license. Do you accept direct responsibility for supervising this applicant and understand that you are fully accountable for the service provided under authority of your license? Yes ☐ No ☐
28. Have you enclosed the psychological assistant's specific job description to this application? Yes ☐ No ☐

Refer to the Instruction Sheet for the required elements of the job description.

To assure consideration of this application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six months of filing may be considered abandoned and discarded.

When your application is complete, please allow 4-6 weeks to receive your license.

AFFIDAVIT

I hereby acknowledge that I have read the Delaware psychology statute and Rules and Regulations pertaining to the psychological assistants and agree to the job description as stated. I further swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

SUPERVISOR SIGNATURE: _____ Date: _____

County of _____ State of _____

Sworn or affirmed before me a Notary Public this _____ day of _____, 2_____.

Notary Signature: _____

SEAL

My commission expires on _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED.



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EVALUATION OF COURSEWORK

The Psychological Assistant applicant completes this form if his or her doctoral degree in psychology is from a program of studies that is not accredited by the American Psychological Association. The purpose of the form is to assist the Board in evaluating the coursework.

For each topic in the left column, enter the course number and title of the course(s) in the catalog that covered that topic.

History and Development	Course #	Course Title
Biological aspects of behavior		
Cognitive and affective aspects of behavior		
Social aspects of behavior		
History and systems of psychology		
Psychological measurement		
Research methodology		
Techniques of data analysis		

Foundations of Practice	Course #	Course Title
Individual differences in behavior		
Human development		
Dysfunctional behavior or psychopathology		
Professional Standards		
Ethics		

Diagnosing & Intervention Strategies	Course #	Course Title
Theories, methods of assessment & diagnosis		
Effective intervention		
Consultation and supervision		
Evaluating the efficacy of interventions		
Issues of cultural and individual diversity		

Submit a course catalog or course descriptions.